



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Lyons		Timothy	L.	(808) 537-4308
MAILING ADDRESS (Street)				FAX
820 Mililani St., Ste. 810				(808) 533-2739
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96813-2938	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
The Legislative Center				(808) 537-4308
MAILING ADDRESS (Street)				FAX
820 Mililani St., Ste. 810				(808) 533-2739
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96813-2938	

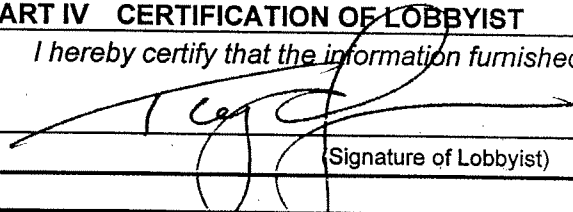
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Ocean Tourism Coalition			(808) 661-8005
MAILING ADDRESS (Street)			FAX
P.O. Box 546			(808) 661-0654
(City)		(State)	(Zip Code)
Lahaina		Hawaii	96767
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
ALLYSON Freeland			(808) 661-8005
MAILING ADDRESS (Street)			FAX
P.O. Box 546			
(City)		(State)	(Zip Code)
Lahaina		Hawaii	96767

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/14/07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Jim Coon

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Legislative Committee Chairman

NAME OF ORGANIZATION (if applicable)

Ocean Tourism Coalition

TELEPHONE

(808) 661-8005

MAILING ADDRESS (Street)

P.O. Box 546

FAX

(808) 661-0654

(City)

Lahaina

(State)

Hawaii

(Zip Code)

96767

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

12-12-06
(Date)